BEST AVAILABLE COPY

	10 APR 2006					
MULTIPLE DEPENDENT CLAIM FEE CALCANA ATION SHEET (FOR USE A FORM PTO-875)	SERIAL NO. FILING DATE APPLICANT(S, APPLICAN					

		(POR US	ne (_{per} .m	FURM	10-875		APPLICAN	(T(S _{1 -2.} /					
						. (CLAIMS	·		-			
1	AS FILED		AFTER 1*AMENDMENT.		AFTER			AS FILED IND. DEP.		AFTER		AFTER	
	IND. DEP.		IND. DEP.		IND. DEP.					1"AMENDMENT.		2 ^{ml} AMENDMENT	
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3		//					53			<u> </u>			
5		-					54						
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50	<u> </u> -						99						
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TOTAL DEP.	4	4		(=		(4	TOTAL DEP		4		4		
TOTAL CLAIMS	6						TOTAL	1					
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PTO - 1360 (REV. 11/04)

U.S. DEPARTMENT of COMMERCE